

**MHR SB COMBINED PROGRAMS & SERVICES/  
PLANNING & FINANCE COMMITTEE MEETING**

**June 2, 2015**

**4:00 p.m.**

**Agenda**

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes:				
• P&S Committee - April 28, 2015	✓	✓		1-3
• P&F Committee - May 5, 2015	✓	✓		4-6
4. Board Financial Forecast	✓	✓		7-8
5. Wernert Center Campus Capital Project Allocation	✓	✓	✓	9
6. TASC Extension of the FY 2015 Contract Allocation	✓	✓	✓	10-11
7. NPI OHFA Capital Grant Match Allocation	✓	✓	✓	11-12
8. St. Paul's Community Center OHFA Capital Grant Match Allocation	✓	✓	✓	12
9. Personal Service Contract Renewals:				
• Ellen Jones, Client's Right Officer	✓	✓	✓	13
• Siva Yechoor, MD, Medical Director	✓	✓	✓	13
10. Civil Commitment Designations				
• Appointment of Pre-screeners and Attorneys	✓	✓		14
11. Health Officer Credentialing	✓	✓		15
12. Lucas County Behavioral Health Emergency Response Plan	✓	✓		16-36
13. Open Session				
14. Adjournment				

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**PROGRAMS & SERVICES COMMITTEE MEETING MINUTES****April 28, 2015**

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**Programs & Services Committee Members Attending:**

Pastor Donald Perryman	Scott D. Johnson	Linda Alvarado-Arce
Tony Pfeiffer	Audrey Weis-Maag	Dr. Mary Gombash
Dr. Lois Ventura	Andrea Loch (Non-Trustee)	

**Other Trustees Attending:**

Dr. Tim Valko

**Programs & Services Committee Members Absent:**

Robin Reeves	Kyle Schalow	Andre Tiggs
Deb Angel, Recovery Council Chair		
Charlotte Cuno, Recovery Council Vice Chair		

**Visitors:** Richard Arnold; Kathy Bihn, NPI; Robin Isenberg, NAMI; Carole Hood, Rescue; Greg Collier, Recovery Council; Annette Clark, FSNO; Joan Lozon, New Concepts; Tonalee Tucker, TMWC; Nancy Yunker, LSSNWO; Mary Pat Gebers, Harbor; Kathy Didion, Zepf; Karen Wu, ABLE; Theresa Butler, Harbor; Sean Parker, Rescue; Jennifer Emahiser, Unison.

**Staff:** Scott Sylak, Tom Bartlett, Tim Goyer, Donna Robinson, Camilla Roth Szirotnyak, Latisha Williams, Kristal Barham, Carolyn Gallatin.

Pastor Perryman opened the meeting at 4:00 p.m., with introduction of visitors.

**Meeting Minutes: March 31, 2015**

There were no corrections to the minutes, and they were approved as presented.

**FY 2016 Purchasing Plan – Proposed Allocations**

Mr. Goyer indicated that this is the first review of the proposed FY 2016 Purchasing Plan. He directed the Committee to pages 9-11 of the meeting packet for a review of the Allocations Worksheet noting that it is not finalized. There are four items that are yet to be determined for funding which include: Cognitive Enhancement Therapy (CET), pending a “Lessons Learned” meeting on May 18, 2015 to help clarify future funding to four agencies; TASC received a 120-Day Notice on their Community Transition Program due to the low number of people served; staff is meeting with TASC regarding the linkage program in the jail. Zepf requested \$150,000 for recovery housing; Staff is pending a response from OMHAS to determine if they will fund this program again this year; and the Board staff has set aside \$1.8 million for “new services” targeted allocations, with some of these funds being applied towards CET and the TASC jail linkage program.

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**PROGRAMS & SERVICES COMMITTEE MEETING MINUTES****April 28, 2015**

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Mr. Goyer stated that there were several programs that required third quarter reporting due to questionable half-year outcomes. Big Brothers Big Sisters was initially recommended for a 2% increase, and upon further review, staff recommended not funding a 2% increase. The Harbor Early Childhood Prevention program was not achieving their half-year outcomes, so staff did not recommend a 2% increase. Under UMADAOP's heroin prevention program collaboration with Harbor, UMADAOP underspent their allocation and had difficulty engaging with the faith based communities for this program, so staff did not recommend a 2% increase. All of the other 24 programs were recommended for a 2% increase. The Committee requested to review a copy of the third quarter reports of which Mr. Sylak said Board staff would provide.

The following motion was recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County allocates \$19,612,003 to fund the purchase of prevention, treatment, and other supportive services in FY 2016. The Board's Executive Director is authorized to execute appropriate FY 2016 Provider Agreements with the Agencies and for the amounts listed on the FY 2016 Allocations Worksheet included in the May 19, 2015 Board Meeting Packet in the amount of \$17,812,003 and the remaining \$1,800,000 is set aside for supplemental allocations in FY 2016. FY 2016 Provider Agreements will also include funds that are passed through the Board from State or Federal Agencies at the amounts prescribed by those agencies.*

With the Board staff's recommendation of not adding a 2% increase in the three programs described above, the motion presented will reflect a change in the MHR SB's allocation from \$16,612,003 to \$17,806.52 for the purchase of prevention, treatment, and other supportive services in FY 2016. Staff proposed forwarding the revised motion for recommendation at the May 5, 2015 Planning & Finance Committee meeting for their consideration.

*There was consensus to move the motion forward to the Board of Trustees.*

**FY 2016 Coordination of Benefits Language Discussion**

Mr. Bartlett indicated that at the April 14, 2015 Governance Committee, the Committee reviewed the FY 2016 Purchasing Plan and the Coordination of Benefits language. At that meeting, some of the Committee members stated that the language was confusing and requested further clarification from Board staff. Mr. Bartlett reviewed a summary of previous committee discussions that occurred with regard to Coordination of Benefits Language (outlined on pages 12 & 13 of the meeting packet), as well as the FY 2015 6.1.4 proposed Coordination of Benefits Contract Language that was previously approved at the June 17, 2014 MHR SB Board meeting. Staff believes this language is beneficial to the MHR SB because in FY 2014, the Board saved \$311,000 by acceptance of the insurance payments and \$158,000 thus far in FY 2015 has been saved from this Coordination of Benefits Language. The Board staff is proposing the same Coordination of Benefits Language for FY 2016 and requested guidance from Committee members with regard to this contract language. Harbor has made some proposed language changes and Board staff is also going to follow-up with Unison and Zepf to

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## PROGRAMS & SERVICES COMMITTEE MEETING MINUTES

April 28, 2015

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get their feedback. The Committee was reminded that at the June 16, 2015 MHR SB meeting, the final FY 2016 Provider Language will be presented for Board approval which includes the Coordination of Benefits Language. Following detailed discussion, the Committee requested that the Staff obtain feedback from the agencies for additional discussion at the May 5, 2015 Planning & Finance Committee meeting.

### Recovery Council Update

Ms. Barham announced the May 29, 2015 "Community Dialogue on Mental Health" forum that will be held at the United Way of Greater Toledo. There will be more advertising through the agencies and transportation may be offered in an effort to improve consumer participation. She announced that there has been another resignation of Recovery Council, bringing the total membership to 10. The Recovery Council will soon be advertising for the open positions and they will bring forth a recommendation to the Committee of new Council members in June 2015.

The revised By-laws were approved by the Recovery Council at their April 21, 2015 and staff presented the following motion for consideration:

*That the Programs & Services Committee approves the Recovery Council By-laws (dated 4/21/15) included in the P&S Committee meeting packet.*

There was a majority vote by the Committee to approve the proposed Recovery Council By-laws.

### Open Session

- Mr. Arnold announced that James Savage, a former Mental Health & Recovery Services Board member passed away recently. He served on the Board from 2006-2009 and was a long-time substance abuse consumer advocate.
- Mr. Sylak referred to page three of the meeting minutes indicating that at the last meeting, there was a discussion regarding case management and CPST services for individuals who fail to engage in treatment. Since a good portion of the Outcomes report didn't occur due to this conversation, Mr. Sylak was interested in knowing if the Committee still wanted a separate meeting to include treatment providers for a review of the agencies rendering of services and how the outcomes are derived. In lieu of a meeting, the Committee requested a review of the agency protocols/policies with regard to case closures in correlation with the behavioral health focused outcomes to know if clients are improving in treatment. Staff will gather the requested information and report back to the Committee.

### Adjournment

The meeting was adjourned at 5:09 p.m.

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**PLANNING & FINANCE COMMITTEE MEETING MINUTES****May 5, 2015**

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**Committee Members Present:**Neema Bell, P&F Chair  
Lynn OlmanLinda Howe  
Dr. Tim Valko

William Sanford

**Other Trustees Present:**

Audrey Weis-Maag

**Committee Members Not Present:**

Pastor Waverly Earley

Tawny Cowen-Zanders

Visitors: Richard Arnold; Larry Leyland, TASC; Mary Pat Gebers, Harbor; John DeBruyne, Rescue; Hope Tucker, Adelante; Timothy Foreman, Rescue; Kathi Cesan, Zepf; Jessi Broz, Rescue; Kathy Bihn, NPI; Cindy Pisano, Mercy; Vanessa Fitzpatrick, Mercy; Jesus Salas, ABLE; Steve Benjamin, Harbor; Mike Kasperczyk, Unison; Geof Allan, UMADAOP..

Staff: Scott Sylak, Tom Bartlett, Donna Robinson, Amy Priest, Tim Goyer, Carolyn Gallatin, Robert Kasprzak, Cami Roth Szirotnyak.

Ms. Bell, Planning & Finance Committee Chair, opened the meeting at 4:02 p.m. with introduction of visitors.

**Meeting Minutes: April 7, 2015**

There were no revisions or corrections to the minutes and they were approved by consensus.

**FY 2016 Purchasing Plan – Proposed Allocations**

Mr. Goyer indicated that at the April 28, 2015 Programs & Services Committee meeting, three grant funded programs (Big Brothers Big Sisters Mentoring Triad, Harbor's Early Childhood Program, and UMAPAOP's Heroin Prevention Programs) were included on the proposed FY 2016 proposed Allocations Worksheet for a 2% percent increase. However, upon review of their third quarter reporting, these programs did not meet their outcomes, so they have been removed from the revised allocation worksheet included in the meeting packet. In addition, the Board staff received a submission from ABLE to continue its Psychological Testing in FY 2016 which was added to the revised allocation worksheet. Mr. Goyer stated that the proposed FY 2016 Allocations of \$1.8 million is included in the current Board Financial Forecast designated for next year's new programming targeted allocations.

Mr. Goyer reviewed the highlights of the FY 2016 Purchasing Plan – Proposed Allocations as stated on pages 5-10 of the meeting packet which include a total investment of \$17,492,243 in FY 2016. The following items are pending a proposal and recommendations for an allocation: The Cognitive Enhancement Therapy (CET) training program, pending a "Lessons Learned" meeting on May 18, 2015 with CET Cleveland; TASC's Criminal Justice Linkage and Re-entry

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## PLANNING & FINANCE COMMITTEE MEETING MINUTES

May 5, 2015

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programming in follow up to a 120-Day Notice issued to TASC for program under-utilization, pending a "right size" of the program; and Zepf requested new funding for Recovery Housing of which is pending resolution of a grant renewal from OHMAS which is expected to occur.

Mr. Benjamin of Harbor inquired about the MH First Aid allocation of \$50,000 under the Board/Staff Directed Allocations, asking if it is the only Board self-funded program and asked if the MHRSB is going to continue to self-fund programs in the future. He also asked if there are outcomes on the MH First Aid training based on the number of people served vs. the targeted number to be served. Lastly, he indicated that Harbor proposed \$26,000 for a MH First Aid program under a community resource grant. Mr. Benjamin stated that Boards across the state aren't legally able to provide prevention and treatment services directly. Mr. Sylak informed Mr. Benjamin that he will contact the Prosecutor's Office for an opinion and indicated that MH First Aid training through the board is considered community education training and that the MHRSB decided not to entertain any additional non-solicited requests for services pending review of the System-Wide Goals/Gaps. Ms. Roth Szirotnyak indicated that Board staff is currently gathering outcomes on the MH First Aid trainings.

Upon review and discussion by the Committee, the following motion was recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County allocates \$17,492,243 to fund the purchase of prevention, treatment, and other supportive services in FY 2016. The Board's Executive Director is authorized to execute appropriate FY 2016 Provider Agreements with the Agencies and for the amounts listed on the FY 2016 Allocations Worksheet included in the May 19, 2015 Board meeting packet.*

There was consensus to move the motion forward to the Board of Trustees.

### **FY 2016 Provider Agreement Annual Audit 7.5.1 Language Discussion**

Mr. Bartlett referred to pages 11 & 12 of the meeting packet for a review of the FY 2016 Provider Agreement Annual Audit 7.5.1 penalty language which applies to agencies which do not provide their audited financial statements to the MHRSB within four months of the end of their fiscal year. The current language enables the Executive Director to use his/her discretion with respect to the penalty amounts applied and to negotiate payment of penalties with the agency which fails to submit their audited financial statements on time.

Mr. Bartlett reviewed the proposed new FY 2106 Annual Audit Language (changes highlighted in red in the meeting packet on page 12) which requires the Board staff to notify an agency of a penalty and the agency has 14 days after receiving notification of the penalty to appeal it in writing. The MHRS Board will act on the agency's appeal within 30 days, no longer allowing the Executive Director to directly respond to it. However, the Executive Director may use his/her discretion to accept or amend the Agency's proposed payment plan for paying their penalty to the Board.

Ms. Bell suggested adding a timeframe to the language if an agency requests to pay their penalty in multiple payments or in a lump sum. Rather than calling it a “penalty” because of legal implications and it is not a punitive intent, the Committee recommended calling it an “assessment” since it is the Board’s obligation to review the financial status of agencies through their audited financial statements. Board Staff will review the policy that defines the language and will reference the section of the pertinent policy in the language.

#### **FY 2016 Coordination of Benefits Language Discussion**

Mr. Bartlett indicated that at the April 14, 2015 Governance Committee meeting, the proposed FY 2016 Provider Agreement was reviewed which included the continuation of the FY 2015 Coordination of Benefits Language. Upon review of the language, concern was expressed by some Committee members and the Board staff was tasked with revising it. At the April 28, 2015 Programs & Services Committee meeting, staff requested feedback on how the Coordination of Benefit language should be modified.

Board staff spoke with Harbor regarding their suggestions to modify the language which were reviewed at the April 28 P&S Committee meeting. The Committee asked the Board staff to speak with the other treatment providers to get their input on the current benefit language as compared with Harbor’s proposed language for FY 2016. The agencies were immediately polled after the April 28 P&S Committee meeting and feedback was provided back to the staff on May 1, but not in time to be included in the meeting packet. Upon staff’s review of the feedback from treatment providers, they found it to be split in that some agencies wanted the FY 2015 Coordination of Benefit language to remain the same and other agencies liked Harbor’s proposed language. Mr. Bartlett reviewed the proposed new language in red outlined on page 14 of the meeting packet and indicated that Board staff felt it was policy language and said it should be tied to the Board’s policies along with the proposed contract language changes. Mr. Sylak suggested developing a small group of people to include providers, staff, and trustees to finalize the language for recommendation at the June 2, 2015 P&F Committee meeting.

#### **Open Session**

There were no comments made.

#### **Adjournment**

The meeting was adjourned at 5:22 p.m.

### **Updated Board Financial Forecast**

Attached is the updated Board Financial Forecast which was last updated by the Board staff in January 2015. As is typical with financial forecasting, the underlying assumptions are critically important. This Financial Forecast was developed using these key assumptions which are shown below:

- FY 2015 POS underspending is projected to be \$3,000,000 (40% of the total FY 2015 POS allocations).
- FY 2015 Grant underspending is projected to be \$800,000 (5.5% of the total FY 2015 Grant allocations).
- A \$2,200,000 allocation will be made in FY 2015 for the Wernert Center's Campus capital project. If the MHR SB does not make this allocation at the June 16, 2015 Board meeting, the projected FY 2015 Board surplus will increase to \$3.1 million.
- Medicaid expansion will continue in FY 2016. Non-Medicaid POS allocations in FY 2016 will be \$1.3 million more than projected FY 2015 POS spending primarily due to increased AOD MAT POS spending.
- \$250,000 allocations will be made to NPI and St. Paul's Community Center for renovation projects which will be leveraged by gaining access to \$500,000 of Capital Funding to End Homelessness Initiative funding.
- Unidentified FY 2016 Non-Medicaid targeted spending is projected at \$2,450,000.
- Estimated FY 2015 Levy revenues of \$17,719,928 were used for FY 2016/2017/2018 which added \$511,000 per fiscal year to the Board Financial Forecast.
- For the Fiscal Year 2016/2017/2018 projections, total Board grant allocations would be underspent by 2.5% annually and POS allocations would be underspent by 2% annually.

With all of these financial assumptions, the MHR SB Financial Forecast is projected to have a \$635,604 Net Surplus for FY 2015. Deficit spending will begin in FY 2016, and will continue in FY 2017 and FY 2018 with a cumulative Net Deficit of \$5,066,805 which will reduce the Board Operating Fund Balance from \$13.6 million to \$8.6 million.

**MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY**  
**FY 2013 - FY 2018 Financial Forecast**

	<b>FY2013</b>	<b>FY2014</b>	<b>FY2015</b>	<b>FY2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
	<b>Actual</b>	<b>Actual</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>	<b>Projected</b>
<b>REVENUE</b>						
Total All Revenue Sources	\$ 25,271,315	\$ 27,220,161	\$ 25,297,490	\$ 23,989,384	\$ 24,376,316	\$ 24,376,316
Change in Total Levy Revenue	\$ 2,475,797	\$ 2,599,683	\$ 316,081	\$ -	\$ -	\$ -
<b>EXPENSES</b>						
Total Medicaid	2,375,992	0				
Pass Through Programming	3,915,304	3,483,935	3,657,044	3,171,381	3,171,381	3,171,381
Central Pharmacy	0	0	0	50,000	50,000	50,000
Board Administration Expenses	1,324,213	1,460,828	1,501,188	1,577,902	1,640,000	1,673,348
Non-Medicaid POS	5,966,009	5,511,589	4,422,611	5,904,829	5,904,829	5,904,829
Non-Medicaid Services Grants	8,573,075	11,023,779	15,081,042	14,912,169	15,306,073	15,320,698
<b>Total Expenses</b>	<b>22,154,593</b>	<b>21,480,131</b>	<b>24,661,886</b>	<b>25,616,282</b>	<b>26,072,283</b>	<b>26,120,256</b>
<b>SURPLUS/(DEFICIT)</b>	<b>\$ 3,116,722</b>	<b>\$ 5,740,030</b>	<b>\$ 635,604</b>	<b>\$ (1,626,898)</b>	<b>\$ (1,695,967)</b>	<b>\$ (1,743,940)</b>
<i>Beginning Fund Balance</i>	4,121,468	7,255,569	12,995,599	13,631,203	12,004,305	10,308,338
<i>Net Surplus/(Deficit)</i>	3,116,722	5,740,030	635,604	(1,626,898)	(1,695,967)	(1,743,940)
<i>Ending Operating Fund Balance</i>	\$ 7,238,190	\$ 12,995,599	\$ 13,631,203	\$ 12,004,305	\$ 10,308,338	\$ 8,564,398
<i>Investment in Fixed Assets</i>	\$ 17,379	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Fund Balance</b>	<b>\$ 7,255,569</b>	<b>\$ 12,995,599</b>	<b>\$ 13,631,203</b>	<b>\$ 12,004,305</b>	<b>\$ 10,308,338</b>	<b>\$ 8,564,398</b>
<i>Wernert Center Project Set Aside</i>			\$ 2,200,000	\$ 400,000	\$ -	\$ -

5/29/2015

### Wernert Center Campus Capital Project Allocation

At the February 3, 2015 Planning & Finance Committee meeting, the Wernert Center presented their plans for the future. This presentation included the acquisition of additional property which would permit the Wernert Center to increase the size of their Center and would create a campus setting for clients coming to the Wernert Center. They also detailed that their expanded physical plan would permit the Wernert Center to offer new programming and serve more people.

The original plan anticipated that the Wernert Center would acquire two parcels north of their property and expand the current Center. After this February presentation, another possibility for expansion was discovered that would permit the Wernert Center to acquire a larger parcel east of their property which was a former elementary school which has been demolished. If this property becomes available, that option is the preferred site which would permit both the current planned expansion as well as potential future expansion.

The Wernert Center is significantly undersized which inhibits clients who would benefit from going to the Wernert Center to take advantage of their programming and opportunities for socialization. Given the amount of FY 2015 POS and Grant underspending discussed in the Board's Financial Forecast, the Board staff believes this is the perfect time to make a \$2,200,000 allocation for the Wernert Center Campus capital project. In effect, the FY 2015 POS and Grant underspending would be invested in a capital project which would have long term benefits for the clients the MHRSB serves.

If the MHRSB approves this allocation at the June 16, 2015 Board meeting, the \$2,200,000 would be expensed in FY 2015 and the \$2,200,000 would be set aside for the Wernert Center Campus capital project on the Board's balance sheet. The Board staff would continue to work with the Wernert Center to acquire the necessary property and fund the expansion from the \$2,200,000 set aside.

The following motion is recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County approves the \$2,200,000 investment in The Wernert Center Campus capital project. The \$2,200,000 would be expensed in FY 2015 and funds would be distributed to The Wernert Center from this Set-Aside fund subject to the Board's Staff approval.*

### **TASC Extension of the FY 2015 Contract Allocation**

At the May 19, 2015 MHRS Board meeting, the FY 2016 Purchasing Plan was approved. Not included in the FY 2016 Purchasing Plan were four allocations that the Board staff was unable to make recommendations for a variety of reasons. The CET continuation/expansion allocations were not ready for the Board's consideration. The Board hosted a May 18, 2015 meeting regarding CET where the agencies involved in the CET program, as well as the CET Cleveland, the developer of this CET program, participated in a discussion about what the first year of CET meant for the system. There was uniform agreement that the CET program had been successful, and the Board wanted to continue/expand this program in FY 2016. Agencies have been asked to develop their FY 2016 CET Budgets under the guidelines provided by the Board staff. It is anticipated that these allocations will be requested at the August 18, 2015 MHRS Board meeting.

Zepf's request for an allocation for the Recovery Housing Grant was not considered because there is the possibility that OMHAS may support this program in FY 2016. The allocation request for unidentified FY 2016 targeted allocations was not considered at the May 19, 2015 Board Meeting because the Staff wanted to determine the amount of FY 2015 POS and Grant underspending in order to make a formal allocation request. A recommendation regarding both of these allocation requests will be made at the August 18, 2015 Board meeting.

The remaining FY 2016 allocation request not acted upon at the May 19, 2015 Board meeting is TASC. Staff has been in discussion regarding the many changes which have taken place in the criminal justice system and it has been difficult for TASC to prepare a comprehensive FY 2016 allocation request for the MHR SB. The most serious unresolved issue is what role TASC will perform in the revised jail programming to divert non-violent individuals who have mental illness and/or substance abuse issues from incarceration.

Given all of the uncertainties that TASC is dealing with at this time, one issue, cash flow, should be taken off the table. The Board staff is recommending that TASC's FY 2015 contract be extended from June 30, 2015 to August 31, 2015 and a single payment of \$153,447 be made in July 2015. This payment would be equivalent to 1/6 of their potential FY 2016 allocation amount (MHRS Board allocations and OMHAS Pass Through Awards) which would be normally paid to TASC in six equal grant payments.

The actual amount of the MHR SB's total TASC FY 2016 allocations is projected to be determined at the August 18, 2015 Board meeting at which time the TASC's FY 2016 Provider Agreement can be signed. TASC's FY 2016 Provider Agreement will be in effect for the September 1, 2015 through June 30, 2016 time period. The total FY 2016 allocations amounts will be reduced to reflect this proposed single payment.

The following motion is recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County approves the extension of the TASC's FY 2015 Provider agreement from June 30, 2015 to August 31, 2015, and authorizes a one-time payment of \$153,477 for TASC to be made in July 2015.*

#### **NPI OHFA Capital Grant Match Allocation**

Neighborhood Properties Inc. has an opportunity to partner with the Toledo Lucas County Homelessness Board (TLCHB) to make an application for the remaining Capital Funding to End Homelessness Initiative (CFEHI) from the Ohio Housing Finance Agency (OHFA). The TLCHB was going to apply for these funds using another project, but that project is not going forward. This recent development caused the TLCHB to approach NPI as to whether NPI could make appropriate use of up to \$1.6 million from CFEHI.

In light of this opportunity, NPI immediately identified their Byrne and Arlington site as being the site which could use these funds. To access these funds, however, NPI would need approximately \$450,000 in match.

NPI approached the Board staff to inquire about the Board providing the \$450,000 match so NPI gains access to the CFEHI funding which would come from OHFA. The Board staff has analyzed this opportunity and believes this would benefit NPI, the clients that the Board serves and Lucas County. The Board has already approved a FY 2016 \$250,000 allocation for NPI for PSH Modernization which can be part of this match requirement. For the rest of this \$450,000 match, the Board staff is recommending that a new FY 2015 allocation of \$200,000 be made to NPI for PSH Modernization. This new allocation, when combined with the \$250,000 FY 2016 PSH Modernization allocation to NPI approved at the May 19, 2015 Board meeting, would provide the \$450,000 match requirement. If additional CFEHI funding becomes available and additional match is required in excess of \$450,000, the Board staff will recommend to the Board members as to how the MHRSB should respond to this possible higher match requirement. Since the Board has given funding to NPI for PSH Modernization the last three years, and it is probable that the Board will continue to make a similar allocation in FY 2017, it is possible that OHFA would accept this future funding as part of the NPI's match requirement.

Maintenance of the Board's housing stock is very important as evidenced by the renovation allocations made to NPI in FY 2014/2015/2016. By making this new allocation, NPI would receive \$1.2 to \$1.4 million of CFEHI funding. Leveraging the Board's levy revenue by making this allocation demonstrates the Board's fiduciary responsibility to Lucas County residents.

The following motion is recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County allocates \$200,000 to NPI in FY 2015 to provide the match requirement to access at least \$1,200,000 of CFEHI funds from OHFA to renovate NPI's Byrne and Arlington site.*

#### **St. Paul's Community Center OHFA Capital Grant Match Allocation**

St. Paul's Community Center also has an opportunity to partner with the Toledo Lucas County Homelessness Board (TLCHB) to make an application for the remaining Capital Funding to End Homelessness Initiative (CFEHI) from the Ohio Housing Finance Agency (OHFA). The TLCHB was going to apply for these funds using another project, but that project is not going forward. This recent development caused the TLCHB to approach St. Paul's as to whether they could make appropriate use of part of the remaining CFEHI funds.

A previous request to the TLCHB from St. Paul's identified that their Center needed renovation of their elevator, exterior upgrade, heating, ventilation and air conditioning, and dining and kitchen entryway which would cost \$299,084 in total funds. St. Paul's required match would be \$99,695 which would permit them to access \$199,389 of CFEHI funds.

The Board staff is recommending that St. Paul's Community Center receive a \$99,695 FY 2015 allocation for their proposed renovations. St. Paul's Community provides valuable services to our community, and by making this Board allocation, they would receive \$2 dollars for every \$1 dollar of this match contribution.

The following motion is recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County allocates \$99,695 to St. Paul's Community Center in FY 2015 to provide the match requirement to access \$199,389 of CFEHI funds from OHFA to renovate their Community Center location.*

**Personal Service Contract – Ellen Jones**

During FY 2015, the Board contracted with Ellen Jones to perform the duties of Client Rights Officer and to perform other miscellaneous support services, primarily the development of contract amendments and contract language. Given the expertise of Ms. Jones, it is recommended that Ms. Jones' contract be renewed for FY 2016. Ms. Jones currently bills at \$29 per hour, and this hourly rate will not change for FY 2016.

In the FY 2016 Board Administrative Budget that will be presented for approval at the June 16, 2015 Board meeting, there is \$24,128 included for professional services - consultants. It is proposed that Ms. Jones will work an average of 16 hours per week to perform her duties which is consistent with the MHRS Board's current Table of Organization.

The following motion is recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County will contract with Ellen Jones to provide identified programmatic and supportive services to the MHRS Board from July 1, 2015 through June 30, 2016 for an amount not to exceed \$24,128 (832 hours) and authorizes its Executive Director to execute a Personal Services Agreement to that effect.*

**Medical Director Contract Approval**

During FY 2016, the Board contracted with Siva Yechoor, MD to be the Medical Director of the MHRS Board. Given Dr. Yechoor's broad, extensive experience, it is recommended that Dr. Yechoor's contract be renewed for FY 2016.

In the FY 2016 Board Administrative Budget that will be presented for approval at the June 16, 2015 Board meeting, there is \$50,000 included for professional services – clinical services to be provided by Dr. Yechoor.

The following motion is recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County allocates an amount not to exceed \$50,000 (400 hours) from its Administration Budget for the services of a Medical Director position and authorizes its Executive Director to execute a Personal Services Agreement with Dr. Siva Yechoor for the period of July 1, 2015 through June 30, 2016.*

### Civil Commitment Designations

- Appointment of Pre-screeners and Attorneys

In each fiscal year, and pursuant to the Ohio Revised Code, the Board must designate providers eligible to receive commitments from Probate Court and attorneys designated to carry out hearing responsibilities. The following motions are recommended:

*That the Mental Health and Recovery Services Board approve the following motions effective from July 1, 2015 to June 30, 2016:*

1. *Designate Harbor, Rescue Inc., Unison Behavioral Health Group and Zepf Center to receive commitments from Probate Court under ORC 5122.15 (C) (4) and fulfill the requirements of ORC 5122.15 (F), (L) and (M). In addition, the aforementioned agencies are designated to:*
  - a. *Complete evaluations of voluntary admission under ORC 5122.02;*
  - b. *Complete evaluations of involuntary admission under ORC 5122.05 (A);*
  - c. *Complete evaluations of affidavits under ORC 5122.13.*
2. *Designate Attorneys Carla B. Davis and David R. Taylor to carry out the responsibilities of:*
  - a. *Timely hearings under ORC 5122.141(B);*
  - b. *Hearing for involuntary commitments under ORC 5122.15 (A) (10) and (H);*
  - c. *Hearing procedures under ORC 5122.15.*

### Health Officer Credentialing

System Health Officer Candidates are reviewed and approved based on criteria established in Board Policy – Designation of Health Officers, in accordance with ORC 5122.01(J) to facilitate emergency hospitalization as described in ORC 5122.10. Designation as a health officer by MHRSB authorizes agency staff to take into custody persons who are thought to be mentally ill for the purpose of emergency examination in a hospital or community mental health agency.

The Health Officer Credentialing Committee reviewed applications for seven (7) renewal candidates and four (4) new candidates. The Committee reviewed documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHRSB policy. The individuals listed in the motion below have met the requirements for designation as a System Health Officer.

The following motion is recommended to the Board of Trustees:

***That the Mental Health & Recovery Services Board of Lucas County designates the following individuals listed as System Health Officers to serve a term not to exceed two years:***

**For Renewal of Designation:**

*Jacqueline D. Windless, LSW – Rescue – not to exceed June 30, 2017*  
*Ramona L. Bethany, MEd, LPCC-S – Unison – not to exceed June 30, 2017*  
*Kimber A. Grower Dowling, MA, LPCC – Unison – not to exceed June 30, 2017*  
*Michelle J. Holt, LSW – Unison – not to exceed June 30, 2017*  
*Pamela M. Lee, MA, PCC-S, LICDC-S – Unison – not to exceed June 30, 2017*  
*Andrea. E. Mason, MSW, LSW – Unison – not to exceed June 30, 2017*  
*Tara M. Wick, LSW – Unison – not to exceed June 30, 2017*

**For New Designation:**

*Holly T. Gilsdorf, LISW-S – Unison – not to exceed June 30, 2017*  
*Erika G. Jay, MA, LPCC – Unison – not to exceed June 30, 2017*  
*Lindsay G. Gergorin, LSW – Zepf – not to exceed June 30, 2017*  
*Heather N. Weemes, LSW – Zepf – not to exceed June 30, 2017*

### Lucas County Behavioral Health Emergency Response Plan

In August 2014, Board staff presented to the Board of Trustees an outline of the progress made towards the development of a Behavioral Health Emergency Response Plan. The purpose of this plan is to facilitate the mobilization of community mental health resources in the event of a community disaster. A Mental Health Disaster Work Group was formed in 2014, which consists of members from Zepf, Unison, Harbor, A Renewed Mind, Rescue, TASC, Family Service of Northwest Ohio, and New Concepts. The Work Group has met monthly to assist with the development and implementation of the Plan.

The Work Group also helped with the recruitment of staff within their agencies to be a part of the Disaster Behavioral Health Response Team. Since the beginning of FY 2015, agency staff has been provided with two separate trainings to begin to prepare them for the mobilization of our team in the event of a community wide disaster. The first training was Disaster Mental Health Fundamentals, facilitated by the American Red Cross. The next training was provided by Bill Steele from the National Institute for Trauma and Loss in Children. We currently have approximately 60 licensed clinicians trained as members of the response team.

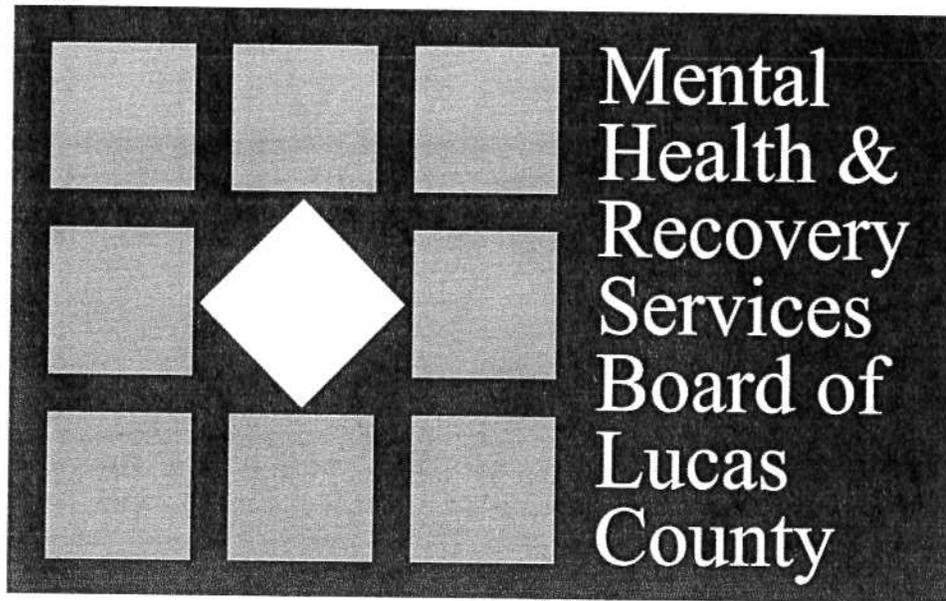
In the event of a community-wide disaster, the request for activation would likely come from the American Red Cross, the Emergency Management Agency, or the Emergency Operations Center, if it is activated. Other requests for activation will be considered on a case-by-case basis. Activation will be considered only if an overwhelming need for behavioral health services has been identified through the requesting entity. MHRSB staff will be notified first and then will notify the Work Group contacts from each agency. Each agency will then implement their internal protocols for notifying staff of the request.

Board Staff and the Work Group have participated in several disaster preparedness exercises, including a Table Top Exercise completed on May 29, 2015. The focus of that exercise was on the behavioral health response to a disaster and was facilitated by the Lucas County Integrated Healthcare Team. Ongoing efforts with disaster preparedness will continue to focus on participating in exercises and drills, as well as providing readiness trainings for our disaster responders. MHRSB staff and the Work Group will also be responsible for assessing the ongoing needs of the community days, weeks, months, and even years following a community-wide disaster.

The attached final version of the Lucas County Behavioral Health Emergency Response Plan has been reviewed by Board Staff, as well as the Work Group, and is being recommended to the Board of Trustees for endorsement.

*The Mental Health and Recovery Services Board of Lucas County requests that the Board of Trustees endorse the Lucas County Behavioral Health Emergency Response Plan to be effective July 1, 2015.*

Version: 1.0



# Behavioral Health Emergency Response Plan

Emergency Response Plan

Mental Health and Recovery Services Board of Lucas  
County

*July 2015*

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DRAFT

**Promulgation Statement**

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SCOTT A. SYLAK  
EXECUTIVE DIRECTOR  
MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS  
COUNTY

LUCAS COUNTY BEHAVIORAL HEALTH EMERGENCY  
RESPONSE PLAN

The goal of emergency management is to ensure that mitigation, preparedness, response, and recovery actions exist so that public welfare and safety is preserved.

The Lucas County Behavioral Health Emergency Response Plan provides a comprehensive framework for county-wide behavioral health emergency management. It addresses the roles and responsibilities of the Mental Health and Recovery Services Board of Lucas County and provides a link to local resources, state, federal, and private organizations that may be requested to address disasters and emergencies in Lucas County.

The Lucas County Behavioral Health Emergency Response Plan ensures consistency with current policy guidance and describes the interrelationship with other response agencies. The plan will continue to evolve, responding to lessons learned from actual disaster and emergency experiences, ongoing planning efforts, training and exercise activities, and federal guidance.

Therefore, in recognition of the behavioral health emergency management responsibilities of Lucas County, and with the authority vested in me as the Executive Director of Mental Health and Recovery Services Board of Lucas County, I hereby promulgate the Lucas County Behavioral Health Emergency Response Plan as approved by the Board of Trustees.

\_\_\_\_\_  
Scott A. Sylak  
Executive Director

\_\_\_\_\_  
Date



**Record of Distribution**

Plan #	Office/Department	Representative	Signature
1			
2			
3			
4			
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## **Executive Summary**

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An emergency or disaster can affect anyone at any time. From the terrorist attacks of September 11, to the devastation of Hurricane Katrina, to the more recent tragedy at Sandy Hook Elementary, major events in the world have a global impact, including influencing our lives. When a catastrophic event occurs, whether it is a natural or a man-made disaster, the community is called on to respond to the needs. The Mental Health and Recovery Services Board of Lucas County have developed a plan to provide guidance and structure to the behavioral health needs of the community. According to the Federal Emergency Management Agency (FEMA), “Preparedness is achieved and maintained through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action. Ongoing preparedness efforts among all those involved in emergency management and incident response activities ensure coordination during times of crisis. Moreover, preparedness facilitates efficient and effective emergency management and incident response activities.” The Mental Health and Recovery Services Board has collaborated with local partners to ensure that the behavioral health needs of our community are planned for, organized, and prepared in the event of a disaster.

The Mental Health and Recovery Services Board (MHRSB) of Lucas County have developed a Behavioral Health Emergency Response Plan for Lucas County. This plan includes:

- Training of a team of behavioral health professionals who can be deployed to address Lucas County’s emergency behavioral health needs
- Collaboration with the Lucas County Emergency Management Agency (EMA), Hospital Council of Northwest Ohio, MHRSB provider network, and American Red Cross of Northwest Ohio
- Activation of the behavioral health responders
- The provision of brief stabilization through interventions such as Psychological First Aid
- Dissemination of behavioral health materials for disaster victims and referral and linkage
- Facilitating the delivery of on-going mental health care

## Emergency Support Function

<b>ESF #8 – Public Health and Medical Services</b>	Public health Medical <b>Mental health services</b> Mass fatality management
--	--

The Behavioral Health Emergency Response Plan created by the Mental Health and Recovery Services Board of Lucas County coincides with Emergency Support Function 8 in the Lucas County/City of Toledo Emergency Operations Plan. According to the plan, the Emergency Support Function (ESF) provides the structure for coordinating interagency support for a local, state, or federal response to an incident. The Incident Command System or Emergency Operations Center, facilitated through the Emergency Management Agency, provides for the flexibility to assign ESF and other stakeholder resources according to their capabilities, tasking's, and requirements to augment and support the other sections of the coordination efforts in order to respond to incidents in a more collaborative and cross-cutting manner.

Support agencies are those entities with specific capabilities or resources that support the primary agency in executing the mission of the ESF. When an ESF is activated, support agencies are responsible for:

- Conducting operations, when requested by Department of Homeland Security (DHS) or the designated ESF primary agency, consistent with their own authority and resources.
- Participating in planning for short- and long-term incident management and recovery operations and the development of supporting operational plans, checklists, or other job aids, in concert with existing first-responder standards.
- Assisting in the conduct of situational assessments.
- Furnishing available personnel, equipment, or other resource support as requested by DHS or the ESF primary agency.
- Providing input to periodic readiness assessments.
- Maintaining trained personnel to support interagency emergency response and support teams.
- Identifying new equipment or capabilities required to prevent or respond to new or emerging threats and hazards, or to improve the ability to address existing threats.

## **Emergency Response Plan**

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### **I. Purpose, Scope, Situation, and Assumptions**

#### **A. Purpose**

The Mission of the Mental Health and Recovery Services Board (MHRSB) of Lucas County is to cultivate a high quality, efficient, and accountable network of community assets dedicated to reducing the impact of mental illness and addiction. This includes developing and implementing a behavioral health response team in the event of a community wide disaster. Planning for a disaster can save lives, as well as minimizes injury and trauma. According to the American Medical Association, “Most people, who experience a disaster, whether as a victim or responder, will have some type of psychological, physical, cognitive, and/or emotional response to the event. Most reactions are normal responses to severely abnormal circumstances.”

The purpose of the disaster behavioral health response plan is to mitigate the adverse effects of disaster-related trauma by promoting and restoring psychological well-being and daily life functioning of individuals and the community. It provides a framework for the following activities: planning for disaster events, responding to the immediate impact of an event, and assisting Lucas County’s residents and visitors to recover from the impact of a disaster over the long term.

When an emergency or disaster impacts an area within a board’s authority or jurisdiction, the Board, in collaboration with the Emergency Management Agency and other community providers, may provide direct behavioral healthcare services to the impacted communities. The MHRSB of Lucas County will access behavioral health responders who will facilitate appropriate interventions to individuals affected by the disaster. The expected outcome of the response is to provide stabilization to the impacted individuals that will result in stabilization of psychological needs and provide needed services, as well as referral and information.

The MHRSB behavioral health response plan will be integrated into the Lucas County Plan as an addendum to Emergency Support Function (ESF) 8.

#### **B. Scope**

This plan has been developed to organize the behavioral health response to a disaster that occurs that may affect the population in and around Lucas County. All actions taken under guidance should be made in coordination with local/State Emergency Operations Center to ensure comprehensive and safe delivery of behavioral health services to the affected community. This plan will address disasters of natural or man-made origin, when

an overwhelming need for mental health services has been identified. The following have contributed to the development of the plan and response resources under the guidance and request of the Mental Health and Recovery Services Board of Lucas County:

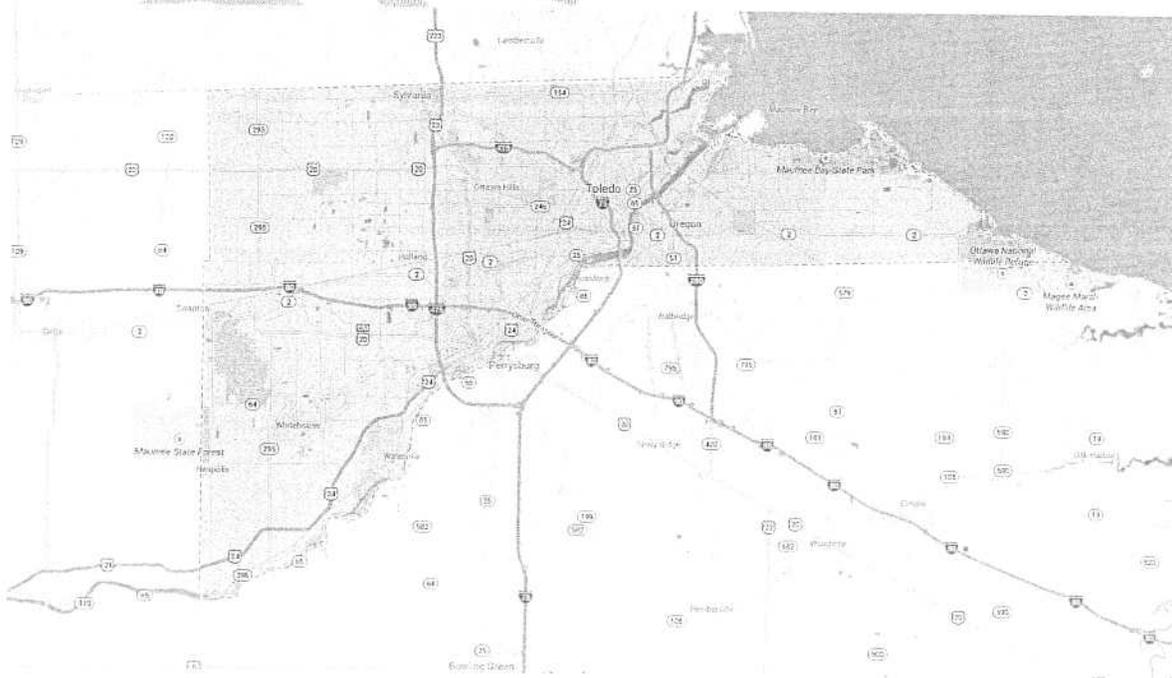
- Lucas County Emergency Management Agency
- Hospital Council of Northwest Ohio
- American Red Cross of Northwest Ohio
- Harbor
- Unison Behavioral Health Group
- Zepf Center
- New Concepts
- Family Service of Northwest Ohio
- Rescue Inc.
- A Renewed Mind
- TASC of Northwest Ohio

### C. Situation Overview

#### 1. Characteristics

##### a. Geographic

- Lucas County is the eighty-fifth largest county in terms of area in the State of Ohio, but has the sixth largest population. It shares its borders with the State of Michigan to the north and Lake Erie to the east. Wood and Ottawa counties lie to the south and Fulton and Henry counties define the western border. A map illustrating the areas covered by the plan is shown as follows.



b. Demographic

- Lucas County has an estimated population of 435,000 residents as of 2014.

c. Hazard Profile

- Potential Hazards:

Lucas County is subjected to the effects of many disasters, varying widely in type and magnitude from local communities to statewide in scope.

Disaster conditions could be a result of a number of natural phenomena, such as floods, severe thunderstorms, tornadoes, high water, drought, severe winter weather, fires (including urban, grass, and forest fires), epidemics, severe heat, or high winds.

Apart from natural disasters, Lucas County is subject to a myriad of other disaster contingencies, such as derailments, aircraft accidents, transportation accidents involving chemicals and other hazardous materials, plant explosions, chemical oil and other hazardous material spills, leaks or pollution problems, dumping of hazardous wastes, building or bridge collapses, utility service interruptions, energy shortages, civil disturbances or riots, terrorism, warfare, applicable criminal acts, or a combination of any of these.

D. Planning Assumptions:

1. All people involved in a disaster are affected by it in some way, from its most immediate victims (including their family members and friends), to emergency response workers (fire fighters, police officers, emergency medical personnel, emergency management, etc.), and the public at large. Research suggests that the majority of people, following a disaster, will return to pre-event psychological functioning within a relatively short time.
2. Each person's response to a disaster is unique, based on his/her trauma history, health status, culture, beliefs, social support systems, and personal resiliency. Reactions to the event can be cognitive, emotional, physical, behavioral and spiritual, and may not manifest for several weeks and months following the incident.
3. Lucas County is vulnerable to a number of hazards that may occur with or without warning. These hazards could result in loss of life, damage to or destruction of homes and businesses or evacuations of the latter, loss of personal property, disruption of food or water, routine medical,

- pharmaceutical, or utility services distribution, or pose serious health risks and other situations that adversely affect daily life functions.
4. Local behavioral health providers that survive emergency situations, with little or no damage, may be called upon to provide both personnel and physical resources to the community.
  5. People with special needs, especially those with pre-existing behavioral health and substance abuse illnesses, older individuals, or people with disabilities, may be more prone to experience severe stress reactions or relapse than other populations.
  6. Disaster behavioral health workers will not enter an impacted area until their safety can be assured through the local/State EOC or the Incident command.
  7. All disasters are local first. Responsibility and capacity for responding to any incident must also be local in organization and implementation first. Lucas County emergency planners have personal understanding of the cultural, social, and psychological needs of the county population. The plans and actions by the behavioral health response team will be designed to build upon the communities' strengths.
  8. Emergency situations could result in the loss of communication, transportation, and normal social assembly, creating potential behavioral health hazards.
  9. Hospitals, nursing homes, group homes, ambulatory care centers, schools, shelters, churches and other facilities, which provide behavioral health care and support for special needs populations, may be damaged or destroyed or may be overwhelmed in dealing with medical response.
  10. Emergency responders, victims, and others who are affected by emergency situations may experience varying levels of stress and anxiety. They may also display other physical and psychological symptoms that could adversely affect their ability to respond and perform and may impact their personal lives.
  11. Outreach, early psychological first aid, and referrals can assist survivors to meet new challenges and offer support in their recovery process to return to pre-disaster performance and functioning levels.
  12. Use of chemical, biological, radiological, nuclear, or explosive weapons of mass destruction may lead to widespread disorientation. The behavioral health needs that may result from such events would quickly overwhelm the local response system, thus requiring state and/or federal assistance.

13. The public will require information on how to recognize and cope with the short and/or long-term risk of sustained stress caused by a disaster or arising from its effect.
14. In order to supplement local behavioral health resources, state and possibly federal assistance will be available upon request by the impacted county Emergency Operations Center (EOC) or the State Emergency Operations Center (SEOC).

## **II. Concept of Operations for Behavioral Health Services**

- A. All-hazards preparedness and response must be coordinated at all levels, including local, state, and federal, to mitigate the short and long-term effects of stress, prevent stress related morbidity, and implement a coordinated, sustained recovery operation.
- B. The Mental Health and Recovery Services Board of Lucas County is empowered to plan for community behavioral health response during an emergency and is recognized by the state behavioral health authority, the Lucas County Emergency Management Agency, and the American Red Cross as having the primary responsibility to assess and insure the provision of disaster behavioral health services for Lucas County when activated during a community wide disaster.
- C. The Disaster Behavioral Health Response Team (as described in IV below.) may be requested to activate in response to a local, state, or federally declared emergency. Activation will occur at the request of the Emergency Operations Center or directly through the American Red Cross of Northwest Ohio. Other extenuating requests will be considered on a case by case basis.
- D. During local emergencies or disasters the county Emergency Operations Center will serve as the local point of contact for the Mental Health and Recovery Services Board and will be supported by the MHR SB and disaster behavioral health teams as needed.
- E. Appropriate disaster behavioral health services must be made available for victims, their families, survivors and other community members during emergency response and recovery operations, including triage, assessment, early psychological first aid, and referral.
- F. Provisions and plans must be made for the following:
  1. Establishment of a Disaster Behavioral Health Response Plan for Emergency Response Appendix in the Lucas County Emergency Operations Plan (ESF 8).
  2. Disaster behavioral health response teams will be activated to respond to individuals with behavioral health needs who have been impacted by the disaster.

3. Facilitate medical intervention, including transportation and stabilization for people exhibiting behavioral health symptoms that require a higher level of care.
4. Prepare advisories for the public, in coordination with the Incident Public Information Officer or the Joint Information Center, on issues such as stress symptom identification and management.
5. Development of mechanisms to track the number and types of contacts made by disaster behavioral health workers.

### **III. Organization and Assignment of Responsibilities**

#### **A. Organization**

1. The local Emergency Operations Center behavioral health liaison functions as the local disaster behavioral health-coordinator. The MHRSB Executive Director or his designee will serve as the liaison;
2. The local Emergency Operations Center has primary responsibility for requesting assessment and provision of coordinated disaster behavioral health support services during locally designated emergencies or disasters;
3. The American Red Cross will be the first provider of emergency behavioral health services for any disaster in which the American Red Cross is activated to respond;
4. In the event the community need is greater than can be provided by the American Red Cross, the Mental Health and Recovery Services Board Disaster Behavioral Health Response Team will be requested to be activated to lead the behavioral health response;
5. The MHRSB will function as the local disaster behavioral health coordinating agency. The Executive Director of the Mental Health and Recovery Services Board of Lucas County delegates authority to specific individuals in the event of the Behavioral Health Response activation. The MHRSB Point of Contact in a major emergency or disaster is as follows:
  - a. Manager of Support Services
  - b. Director of Programs and Services
  - c. Director of Operations and Information Technologies
  - d. In the event the MHRSB office has been impacted by a crisis resulting in the staff's inability to respond as a lead point of contact, an appointed outside agency will assume the lead point of contact.
6. Upon receipt of official notification of an actual or potential emergency situation the Mental Health and Recovery Services Board Point of Contact will assess the need for additional behavioral health resources and determine which assets are appropriate to meet the need;

7. The Mental Health and Recovery Services Board Point of Contact will be responsible for activating Disaster Behavioral Health Response Teams;
8. The following agencies will provide resources and/or clinicians for the Disaster Behavioral Health Response Team:
  - Harbor
  - Unison Behavioral Health Group
  - Zepf Center
  - New Concepts
  - Family Service of Northwest Ohio
  - A Renewed Mind
  - Rescue Inc.
  - Northwest Ohio Psychiatric Hospital
  - T.A.S.C. of NWO

B. Assignment of Responsibilities

1. Mental Health and Recovery Services Board Point of Contact

- a. Coordinate disaster behavioral health activities;
- b. Rapidly assess community behavioral health needs utilizing the Disaster Response Quick Start Guide (Appendix 1);
- c. Coordinate with American Red Cross (ARC) regarding behavioral health needs at mass care shelters or other designated ARC service sites. When possible, service provision should be coordinated with the local Emergency Operations Center in order to coordinate a continuum of care to providers within the community;
- d. Oversee and coordinate the efforts of behavioral health organizations activated for an emergency for disaster victims and others suffering psychological trauma; request additional resources as the need develops;
- e. Establish communications with disaster behavioral health response teams;
- f. Provide, through the Mental Health and Recovery Services Board Community Engagement and Outreach Manager, information to the Incident Public Information Officer regarding news media for the public on dealing with emerging behavioral health issues;
- g. Establish preventive behavioral health services by informing the general population about resiliency and normal coping behaviors;
- h. MHR SB Executive Director will ensure a mechanism to provide agency reimbursement for services;

- i. Coordinate with state and federal officials regarding state and federal behavioral health assistance, if needed.

## 2. Behavioral Health Agency Responsibility

All agencies or organizations assigned to disaster behavioral health function are responsible for the following:

- a. Designating representatives of their agency in compliance with training standards established for disaster behavioral health response teams (as described in IV. below);
- b. Establishing agency-specific protocols for activation and release from current duties;
- c. Establishing the provision of priority access for disaster victims requiring on-going care;
- d. Ensuring that disaster behavioral health standard operating procedures are maintained;
- e. Maintaining current emergency notification procedures;
- f. Ensure that positive identification (and proof of licensure, if required) and contact information is obtained from all disaster behavioral health responders;
- g. *In events that directly affect the services or well-being of MHR SB provider agency clients, the Executive Director or designee of each agency will provide on-going communication regarding the status of the situation with the Executive Director of the Mental Health and Recovery Services Board*

## 3. MHR SB Community Engagement and Outreach Manager:

Community Engagement and Outreach Manager will coordinate with the Joint Information Center and may request that local Public Information Officers distribute public emergency information provided by behavioral health officials. The Mental Health and Recovery Services Board Executive Director or designee will review all risk communication intended for the public.

## IV. Disaster Behavioral Health Response Teams (DBHRT)

### A. Team Composition and Staffing:

1. MHR SB will work in collaboration with behavioral health agencies to maintain a disaster behavioral health response team;

2. MHR SB may designate specialized teams (e.g. teams trained to deal with the elderly, shelter populations, children, people with disabilities, responders, etc.).

B. Team Training:

1. MHR SB will establish minimum training requirements for team members, which includes a valid state license in the behavioral health field. This may include: licensed social workers, counselors, nurses, etc;
2. MHR SB will initiate/review/endorse training programs and trainers;
3. MHR SB in cooperation with the behavioral health agencies will assure that disaster behavioral health team members are appropriately trained.

C. Team Deployment:

1. MHR SB point of contact will be notified primarily by the Emergency Management Agency or American Red Cross that a community wide event has occurred and an overwhelming need for mental health supports has been identified. Other requests for activation of the MHR SB Disaster Response Plan will be considered for appropriateness;
2. The point of contact will notify other key MHR SB Staff, including notification to the Executive Director, Manager of Support Services, Director of Programs and Services, Director of Operations and Information Technology, and Community Engagement and Outreach Manager.

D. Activation Protocol:

1. When activated, the Disaster Work Group Liaisons (Team Leaders) will be alerted of possible activation by the MHR SB Point of Contact;
2. If the request for activation comes from any agency other than the Emergency Management Agency (EMA), MHR SB point of contact will inform the director of EMA via phone contact;
3. For disasters outside of Lucas County, Ohio Mental Health & Addiction Services or other authorities may alert the MHR SB of the need for Lucas County behavioral health responders;
4. The MHR SB Point of Contact will complete a needs assessment based upon preliminary information and determine the scale of the behavioral health response utilizing the Disaster Response Activation Quick Start Guide (Appendix 1);

5. The appropriate type, composition and number of teams will be determined by MHR SB Point of Contact;
6. If indicated, the MHR SB Point of Contact will activate the Team Leaders. Agency Team Leaders will then activate their internal response plans and notify team members within their agency to report for orientation in accordance to guidance given during activation from the Team Leader;
7. *The MHR SB will maintain the DBHRT Contact List for each agency. Each Agency Team Leader will also be provided with their agency's list of trained disaster behavioral health response team staff. The list will be forwarded to each agency electronically and via flash drive. Each agency Team Leader will be responsible for providing MHR SB with staffing updates and changes;*
8. The DBHRT will be contacted by MHR SB point of contact by cascade, beginning with the Team Leader via email, phone call, or text to activate internal plans and report for briefing. At this time guidance will be given as to the anticipated personnel requirements of the initial response plan;
9. MHR SB will ensure all relevant individuals and agencies will receive information necessary to perform required duties in response to the incident;
10. The MHR SB point of contact will then proceed coordinating with Lucas County EMA, American Red Cross, or other responding agencies as needed;
11. The Team Leader will establish communication and coordination between their team and MHR SB point of contact. The first task is to produce a briefing document (Appendix 2, ICS Form 201) including contact points and assignments for key response personnel. This document should also contain all relevant currently known information regarding the event and response;
12. Teams will be rotated every 12 hours, at a maximum, or less if needed. Response team members will submit expenses/hours worked to their Team Leader who will then provide it to MHR SB point of contact;
13. MHR SB will conduct an after action review of behavioral health response activities as soon as possible after an exercise or disaster event. The purpose of this review is to identify both successful operational procedures and identify and implement needed improvements;

14. Team members are not to communicate with the media regarding any incident without such communication being coordinated through the Public Information Officer (PIO), usually the MHRSB Community Engagement and Outreach Manager or designated staff;
15. The PIO or designated staff will coordinate with the Lucas County EMA's PIO of an established Joint Information Center (JIC);
16. All media requests should be referred to the Public Information Officer. The PIO or designated staff will maintain communications with the media and preserve confidentiality of consumers;
17. The MHRSB Executive Director or his/her designee is the only person authorized to make public statements to the media regarding behavioral health response supports;
18. When communicating to the public, it is important to keep three communication fundamentals in mind. First, develop a key message to ease public concern and give guidance on how to respond. Second, stay on the message, being clear and repetitive to ensure that the message is heard. Third, deliver accurate and timely information.

## **V. Administration and Support**

### **A. Reporting and Billing:**

1. Each responder will be responsible for completing a Psychological First Aid (Appendix 3) form for each contact with an individual/family;
2. Billing reports for deployed teams will be reported through team members' originating agencies.

### **B. Maintenance and Preservation of Records:**

1. **MAINTENANCE OF RECORDS.** Behavioral health operational records generated during an emergency will be collected by each agency Team Leader and provided to MHRSB point of contact. Record of events is preserved for use in determining the possible recovery of emergency operation expenses, response costs, assessing the effectiveness of operations, and updating emergency plans and procedures. Federal guidelines require that administrative records be held for a period of three years post event.

2. **DOCUMENTATION OF COSTS.** Expenses incurred in carrying out behavioral health services for certain hazards may be recoverable through FEMA or a third party. Hence, all agencies should maintain records of personnel and equipment used and supplies consumed, including substantiating documentation during large-scale behavioral health operations for a period of no less than three years.
3. **CLINICAL RECORDS.** Psychological First Aid Forms will be collected by Team Leaders and given to MHR SB Staff after each shift. MHR SB staff will maintain these forms for up to 6 months following the event, at which time they will then be destroyed.

C. Exercises:

1. All local drills, tabletop exercises, functional exercises, and full-scale exercises should include behavioral health participation. Additional drills and exercises may be conducted for the purpose of developing and testing abilities to make behavioral health response to various types of emergencies more effective. Organizations that provide disaster behavioral health during emergency situations shall participate in emergency drills and exercises, when appropriate.
2. MHR SB shall test this preparedness and response plan annually, at minimum.
3. The MHR SB will lead annual response readiness and call-out drills to assess the DBHRT capacity to respond to a disaster and to practice activation and mobilization plans and skills. These drills may be coordinated with other community agencies.

## VI. Plan Development and Maintenance

- A. MHR SB is responsible for the development and maintenance of this plan.
- B. MHR SB is responsible for conducting annual reviews, coordinating all review and revision efforts, and incorporating information learned from exercises and actual events into this plan.
- C. Directors of supporting agencies have the responsibility of maintaining internal plans to ensure prompt and effective response to and recovery from emergencies and disasters. Agencies are strongly encouraged to develop and implement their own disaster preparedness plans specific to their agency.

D. Update Changes:

Changes should be made to plans and appendices when the documents are no longer current. Changes in planning documents may be needed when a training exercise or an actual emergency reveals significant deficiencies in existing planning documents.